



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: GOOD SAMARITAN HOSPITAL

City of Hospital: Vincennes

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Shannon Jordan

Email Address: sjordan@gshvin.org

Medicare Provider Number: 15-0042

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$199243975	Contractual Allowance	\$358684290
Outpatient Patient Service Revenue	\$461376432	Other Deductions	\$60392221
Total Gross Patient Service Revenue	\$660620407	Total Deductions	\$419076511

3. Total Operating Revenue	
Net Patient Service Revenue	\$241543896
Other Operating Revenue	\$23890278
Total Operating Revenue	\$265434174

4. Operating Expenses	
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Salaries and Wages	\$108366232	Employee Benefits	\$29933932
Depreciation and Amortization	\$16575033	Interest Expense	\$5950765
Bad Debt	\$12830101	Other Expenses	\$94758033
Total Operating Expenses	\$268414096		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2979922	Total Assets	\$358638084
Net Non-operating Gains over Loss	\$7513246	Total Liabilities	\$160329796
Total Net Gains	\$4533324		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$340899663	\$273263327	\$67636336
Medicaid	\$109693418	\$72776521	\$36916897
Other Government	\$20428606	\$12744442	\$7684164
Other State	\$0	\$0	\$0
Other Payers	\$189598720	\$60292221	\$129306499
Total	\$660620407	\$419076511	\$241543896

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1700390	\$2041150	\$-340760

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$3481782	\$3691704	\$-209922
Hospital Patients	\$0	\$3433	\$-3433
Community Education	\$0	\$68808	\$-68808

Number of Medical Professionals Trained	44
Number of Hospital Patients Educated	572010
Number of Citizens Exposed to Health Education Messages	62360

Statement Six: Charity Statement

Hospital Charity Charges	\$3578861
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1342073	
HCI Payments	\$0		
Subtotal	\$0	\$1342073	\$-1342073
Medicaid Shortfalls	\$36916897	\$41135032	
Subtotal	\$36916897	\$42477105	\$-5560208
DSH Payments	\$3,502,409		

Subtotal	\$40419306	\$42477105	\$-2057799
Medicare Shortfalls	\$67636336	\$127837374	
Other Government Programs	\$0	\$0	
Total	\$108055642	\$170314479	\$-62258837

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$46227	\$162863	\$-116636
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$125511	\$-125511
Other Allocations	\$0	\$269568	\$-269568

Comments

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